care in this city, and express the readiness on the part of all those assembled to help in making the Bureau an effective agent in the field of convalescent care.

SUMMARY REPORT ON INSTITUTIONAL CONVALESCENCE

Medical and Administrative Standards For the Guidance of Convalescent Homes

The problem of convalescence is an important though neglected phase of medical interest. It is directly related to the practice of medicine as well as to community health and hospitalization. Although in New York City a greater amount of attention has been given to the problem of convalescence than in other American communities in the way of providing institutional facilities, yet consideration of the fundamental principles underlying this whole problem of convalescence has just begun. In the case of children we have provided not only institutional facilities, but through the Speedwell Society of New York an effective method has been devised of placing children in selected families which remain under constant supervision of the officers of the Society. In the whole field of American medical literature, there are but few references to the subject of institutional convalescence, and only a few men have given any serious attention to it. Dr. Frederic Brush, of this City and Dr. John Bryant of Boston, are the only two men who have written extensively on the subject.

The subject well deserves a thoughtful consideration from every angle—first and foremost, the medical; secondly, the administrative and organizational; thirdly, that of the health of the community; and fourthly, the relieving of pressure on the hospitals. We have in New York City a sufficient number of hospital beds, and by proper development of convalescent facilities further demands upon hospitals can be met without any investment in additional buildings for some time to come. Furthermore, the present cost of caring for a convalescent patient in a convalescent home is approximately one-third of what it costs in a hospital. If convalescent care be carried on in accordance with the suggestions to be offered here, the cost will be slightly

higher than it is at the present time, but will still remain far below that for hospital care. The original investments in convalescent homes are likewise much smaller than in the case of hospitals.

Adequate convalescence often prevents recurrence of disease; it likewise affords a check on quackery and charlatanism.

Prevention of disease is one of the great factors in a community health program. Preventoria for various types of people on the verge of a breakdown are greatly needed, and their development would constitute a desirable social investment. This phase of the problem will not be considered, however, in the paper which I am submitting from the Public Health Committee of the New York Academy of Medicine, because the matter under consideration by the Committee has been entirely restricted to convalescence in the more technical sense of the word, that is, the period following the acute manifestation of disease.

In the autumn of last year Dr. Charles L. Dana, the chairman of the Public Health Committee, appointed four sub-committees to formulate standards for the care and management of the several major types of convalescent patients, medical, surgical, neurological, and pediatric. The sub-committees have been at work during several months and have prepared detailed and extensive reports which will undoubtedly prove of considerable value to this as well as other communities. These reports will be published in extenso in apporpriate journals and reprints will be available for distribution. The present report is but a brief summary of the main recommendations contained in the reports.

The Definition and Value of Convalescence

A convalescent patient is one who has passed the acute stage of his illness but is not yet able to resume his usual life and activity.

The value of proper convalescent care lies in the chance it gives for the recuperative processes to proceed unhampered and thereby to hasten the return of the patient to the customary mode of life and work.

The time necessary for proper convalescence varies with the nature and extent of the illness as well as with the recuperative

powers of the individual. No hard and fast rule can be laid down in this respect. Two weeks is considered as a minimum for the average adult and one month for the child.

Segregation of Patients

While in a large institution consisting of several units it is practical to take care of many types of patients, there are very few such institutions in existence. From the point of view of the care of the individual patient, as well as proper personnel and equipment, it is desirable to segregate specified types of patients in separate institutions.

It is desirable to segregate the bulk of neurological patients in special homes where the management and routine can be adjusted to their pecular needs.

The patients suffering from heart disease require a method of management entirely different from the average run of patients. Here again it is desirable to have homes devoted exclusively to this type of patient.

Orthopedic patients also require a different type of equipment and management; they also differ from other patients in the length of time required for convalescence; they are, therefore, likewise better cared for in institutions especially designed for this type of work.

Patients recovering from respiratory diseases are often a source of danger and annoyance to other patients; it is, therefore, desirable to segregate them either in separate homes or in a separate pavilion of a large institution. Patients suffering from alimentary diseases or those requiring special diets are better cared for in institutions which are equipped with dietary and laboratory facilities required for the care of this type of patient.

Children fare better if segregated in separate institutions because of the different regimen required for them; furthermore, the adult patients are usually disturbed by child patients treated in the same institution.

In institutions for adults it is desirable to have the two sexes treated in the same institution, provided proper facilities and supervision can be provided.

With regard to color there is no rule which can be laid down. It is for each individual institution to decide whether the mixing

of white and colored patients is to the best interests of those served. The need for convalescent facilities for negro patients is generally recognized.

In the segregation of patients it is desirable to pay attention to the habits and standard of living of certain types of patients. Segregation in this respect is desirable for the welfare of patients of refinement.

Adequate facilities should be provided for pay patients of moderate means. Accommodations of this kind for children should likewise be provided.

The problem of providing facilities for convalescent mothers with children is a difficult one. Arrangements for taking care of the children outside should be made, and only if this be found impossible should children be accommodated with the mothers at the convalescent home.

Location of Convalescent Homes

The location of convalescent homes should be preferably outside the strictly urban section but accessible by rail, trolley, or bus. A rural location in general would seem preferable to the seaside although the latter has its advantages. Homes for the cardiac patients should be situated in a rural district rather than at the seaside and should not be above 1,200 feet altitude.

Size

The size of the convalescent homes should be governed by the type of patient cared for as well as economic efficiency. A fifty- to sixty-bed unit is considered an optimum size. Larger convalescent homes should consist of units which should be multiples of this size.

Equipment

It should be the policy of the institutions to provide single or double rooms for adults; in no case should the rooms hold more than four persons. Dormitories for children should likewise be designed on the principle of only a few beds in each ward, and proper spacing maintained between beds. The equipment of convalescent homes should aim at comfort without extravagance

and should provide adequate bathing and toilet facilities, reading and recreation rooms.

Every institution should have adequate facilities for isolation. In case of a child-caring institution two percent of the total number of beds should be in the isolation unit.

The dining room should be connected by a covered passageway with the dormitories, if it be located in a separate building. It should be the aim of every convalescent home to provide properly balanced, wholesome and appetizing food.

A gymnasium and out-of-door as well as indoor recreation facilities are desirable features of a convalescent home. A convalescent home should aim to be not only a restorative but an educational influence in forming regular habits of life and sound mental attitudes.

There should be a minimum of ordinary and occupational as well as physio-therapeutic equipment and of supplies. The equipment should be more elaborate in institutions dealing with special types of cases. The details with regard to types of equipment needed are given in the respective reports of the sub-committees of the Public Health Committee of the New York Academy of Medicine.

Personnel

Each institution, whether small or large, should have a trained nurse and dietitian and recreational director. In the smaller institutions one person could combine two or three of these functions.

Every institution should have a visiting physician, who should not only be on call but should also be required to visit regularly and should be chosen from among the local practitioners.

Special institutions for the care of neurologic, cardiac and surgical cases should have either a resident physician or a physician attending daily, who should be trained in the management of cases of the particular type cared for in the institution.

All convalescent homes should have one or more consulting physicians who should be responsible for the general policy of the institution and who should visit at least once a month to supervise the carrying out of the policy.

The Relation of the Convalescent Home to the Hospital

In order that the interest of the individual patient be protected and best results obtained, particularly in surgical and cardiac cases, there should be a continuity of treatment control. The hospital which is directly responsible for the treatment of the patient while the patient is under its roof is morally responsible for it when the patient is transferred by the hospital to a convalescent home. Each hospital should designate one or several of its junior attendings to serve during specified periods as liaison officers who would respond to calls by the convalescent homes for consultation in those cases which do not appear to be making satisfactory progress.

Administrative Management

1. *Admission*: After a definite policy has been adopted by each of the convalescent homes with reference to the types of cases they are equipped and ready to take care of and this has become generally known, the hospitals may be relied upon to refer the proper types of cases to the convalescent homes. There is no need for each convalescent home to have a New York admitting office with a physician. Only cases which are referred through agencies other than hospitals should be made to undergo a physical examination in the admitting office in New York. It is suggested that several of the smaller convalescent homes for reasons of economy might maintain a joint admitting office.

It is also desirable that convalescent homes should maintain buses and be responsible for the transportation of patients to and from the convalescent homes, particularly in case of children. For institutions located in fairly close proximity it might be practical to operate a bus service jointly.

2. *Discharge of Patients*: No patient should be discharged except upon the recommendation of the visiting physician. Recalcitrant or otherwise objectionable patients should be sent back either to their homes or to the institutions from whence they came.

3. *Regimen*: A carefully mapped out routine for the patients should be devised in consultation with the medical authorities of the institution. The medically prescribed play exercises and

rest periods should be closely supervised, especially in the case of children and cardiac patients. The various chores that may be required of the patient should be included in the total amount of exercise required of the patient.

4. *Records*: In every convalescent home there should be kept a proper record of each patient. In the record there should be included the findings of physical examination and a chart of weight (which is particularly important in the case of children), a statement of the treatment and diet prescribed, and any interruption in steady convalescence. In the institutions caring for special types of cases like children, cardiac and diabetic patients, the records should be more elaborate as they are important as an aid in the furthering of scientific knowledge.

Social Service

As the majority of patients come from hospitals and dispensaries, it is advisable that on discharge a record of progress be sent back to the hospital for special follow-up, as this may be of value to the medical authorities in institutions from which the patients were referred. In the case of patients referred by social agencies or private physicians, copies of the patients' records should be forwarded to those who referred the patients.

Convalescent homes should not attempt to do follow-up work as this would be a duplication of effort and of responsibility of the hospital and the out-patient department.

Extent of Need of Convalescent Facilities

It is very difficult, well-nigh impossible, to determine with exactitude the number of beds and types of institutions needed to meet the convalescent needs of a city like New York. We do not possess adequate morbidity statistics to gauge the magnitude of the problem. We know, however, that about three-fourths of the 400,000 patients passing annually through our hospitals are ward patients; that every year about a million people seek medical advice at the dispensaries; that about 45,000 patients are served in their homes by the Visiting Nurse Service of the Henry Street Settlement, and many times that number are cared for in their homes by private physicians. Economic and family condi-

tions have an important bearing on the need and utilization of institutional convalescent accommodations, particularly the housing conditions, the family savings, the fear of losing a job in the case of the sick breadwinner, and the home responsibilities in the case of a sick woman with children. Some of these considerations have a deterring influence on the use of the convalescent homes. In many cases, however, it is the ignorance of available facilities, or a distrust of institutions, that deprives the convalescent patient of receiving the proper health opportunity.

The demand for institutional convalescent care can be greatly increased by educational effort on the part of physicians, nurses, social workers and others associated with the care of the sick. The demand is a variable quantity, and the estimate of the community needs of accommodation for convalescent patients should be based on the potential rather than on the effective demand at any particular period.

The present-day facilities are inadequate in that they do not come up in the majority of instances to the standards considered desirable, and in that they do not provide segregated service for the special types of convalescent patients.

The Immediate Problem

The immediate problem before our community is reorganization rather than extension of existing facilities. A series of conferences on the subject should be held with the view of dividing the field into sections in accordance with the recommendations of the four sub-committees of the Public Health Committee, and to suggest to each institution the required personnel and equipment. It seems more important to begin the task by improving the quality of the work now being done in the existing institutions than by urging immediate extension. The municipality as well as private philanthropy will undoubtedly respond in a generous spirit as soon as the preliminary organization and division of the work has been accomplished and further needs definitely determined.

The Central Clearing House

There is likewise a well-recognized need of a central clearing house where a daily census would be kept of available accommo-

dations in all of the convalescent homes. Such a bureau would greatly facilitate the work of placing the patients and would obviate the need of making inquiries at each individual institution. Such a clearing house would in time become an important factor in the situation by the accumulation of facts concerning available facilities and the character of the work performed at the different institutions. It would serve also in securing better utilization of the convalescent homes than is the case at the present time. It is true that there will always exist preferences on the part of the patients as to the institutions to which they would like to go, as well as inequality in the standards maintained, but by following the principle of specialization and with the general improvement of administration, these difficulties would be obviated to a large extent. The bureau should not attempt to exercise the function of placing patients, but should serve merely as a source of information with regard to existing facilities. This bureau would likewise stimulate and assist in studies based on the experience of the several convalescent homes. Such studies are greatly needed in order to plan future work intelligently. Too little has been attempted in this direction. Only very few of the convalescent homes have analyzed their work with any approach to scientific method. Work of this kind presupposes adequate records kept by trained observers.

The Hospital Information Bureau of the United Hospital Fund is ready to start a clearing house of the type above described, and has secured the active cooperation of the Sturgis Fund of the Burke Foundation and of the Hospital Social Service Association. Undoubtedly many other agencies in the field would lend their support and cooperation to the bureau. It is therefore the recommendation of the Public Health Committee of the New York Academy of Medicine that the convalescent homes avail themselves of the services proffered by the Hospital Information Bureau to organize such a service for the benefit of the convalescent homes, the hospitals and the community at large.